

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: REFLECTOR AND REFLECTOR LAMP  
Attorney Docket Number:: 03P00994  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 4  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: WOLFGANG  
Middle Name::  
Family Name:: ANDORFER  
City of Residence:: MÜNCHEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing LIMES STR. 8  
Address::  
City of Mailing Address:: MÜNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 81243

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: AXEL  
Middle Name::  
Family Name:: BUNK  
City of Residence:: MÜNCHEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing HÖGLWÖRTHER STR. 382B  
Address::  
City of Mailing Address:: MÜNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81379

**Correspondence Information**

Correspondence Customer 24,252  
Number::  
Name:: OSRAM SYLVANIA  
Street of Mailing Address:: 100 Endicott Street  
City of Mailing Address:: Danvers  
State or Province of Mailing Massachusetts  
Address::  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing 01923  
Address:::  
Phone Number:: 978-777-1900  
Fax Number::  
E-Mail Address::

**Representative Information**

Representative Customer	24,252
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	103 02 930.3	1/24/03	Yes

**Assignment Information**

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT  
FÜR ELEKTRISCH GLÜHLAMPEN MBH

Street of Mailing Address:: Hellabrunner Str. 1

City of Mailing Address:: MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543